

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009002

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1853

FILED MAR 8 1963

VS 300
Rev. 4/59

STATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>ST Louis Mo</u>		Length of stay in 1b <u>1 DAY</u>	c. CITY OR TOWN <u>ST Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Jewish Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2319 Cherokee</u>
3. NAME OF DECEASED (Type or print) First <u>MARCELLA</u> Middle <u>E</u> Last <u>LODIKE</u>		4. DATE OF DEATH Month <u>2</u> Day <u>19</u> Year <u>63</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-28-22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PURINA MILLS</u>	9. AGE (last birthday) <u>40</u>
13a. FATHER'S NAME <u>JOSEPH HEUN</u>		11. BIRTHPLACE (City and state or country) <u>ST Louis Mo</u>	
13b. MOTHER'S MAIDEN NAME <u>LILLIAN KNIGGE</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
14. NAME OF HUSBAND OR WIFE <u>WILLIAM LODIKE</u>		17. INFORMATION <u>WILLIAM LODIKE 2319 Cherokee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Failure (right sided heart failure); acute Pulmonary Edema.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>4341</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>3:30</u> a.m. <u>3:30</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>ST Louis</u>		
21. I attended the deceased from <u>3:30</u> to <u>3:30</u> and last saw her/him alive on <u>2-20-63</u> Death occurred at <u>3:30</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS <u>1300 Clark Ave.</u>	
22a. SIGNATURE (Degree or title) <u>Helen L. Taylor, Coroner</u>		22c. DATE SIGNED <u>2-20-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>2/22/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>ST Louis County Mo</u>
24. FUNERAL DIRECTOR <u>Thomas Kuttis</u>		25. DATE RECD. BY LOCAL REG. <u>FEB 20 1963</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u>

USE BLACK INK

OR
TYPEWRITER RIBBON

Cremation Case

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Eleanore Province*

Licensed Embalmer No. *3403*

P. O. Address *2906 Gravois*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.